

FEC  
FORM 3

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For An Authorized Committee

RECEIVED  
FEC MAIL CENTER

Office Use Only AM 8:20

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Rex F. Rammell for Wyoming

ADDRESS (number and street)

4532 Running W apt 107



Check if different  
than previously  
reported. (ACC)

Billette

WY

82718

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00617043

3. IS THIS  
REPORT

☒ NEW  
(N)

OR

☐ AMENDED  
(A)

STATE ▼ DISTRICT

WY

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

08

16

2016

in the  
State of

WY

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

08

16

2016

in the  
State of

WY

5. Covering Period

07

01

2016

through

07

30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Lynda K. Rammell

Signature of Treasurer

*Lynda K. Rammell*

Date

08

03

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Bex F. Rammell for Wyoming

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	1	6

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	0	2	0	1	6

## COLUMN A

This Period

## COLUMN B

Election Cycle-to-Date

## 6. Net Contributions (other than loans)

(a) Total Contributions  
(other than loans) (from Line 11(e)) ....

57,100.00

(b) Total Contribution Refunds  
(from Line 20(d)) .....

0

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

57,100.00

## 7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) .....

29,170.00

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

0

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

29,170.00

8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....

3,873.30

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Rep F. Rammell for Wyoming

Report Covering the Period:

From:

MM ' DD ' YYYY  
07 ' 01 ' 2016

To:

MM ' DD ' YYYY  
07 ' 30 ' 2016

I. RECEIPTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

5,200.00

(ii) Unitemized.....

310.00

(iii) TOTAL of contributions  
from individuals ▶

5,510.00

(b) Political Party Committees.....

0

(c) Other Political Committees  
(such as PACs).....

0

(d) The Candidate.....

200.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

5,710.00

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....

0

13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

0

(b) All Other Loans.....

0

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0

14. OFFSETS TO OPERATING  
EXPENDITURES

(Refunds, Rebates, etc.).....

0

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

5,710.00

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A  
Total This Period

COLUMN B  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

2917.00

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES .....

0

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate.....

0

(b) Of All Other Loans .....

0

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

0

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees .....

0

(b) Political Party Committees.....

0

(c) Other Political Committees  
(such as PACs) .....

0

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

0

21. OTHER DISBURSEMENTS .....

0

22. TOTAL DISBURSEMENTS  
(add Lines 17, 18, 19(c), 20(d), and 21) ►

2917.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

880.30

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

5710.00

25. SUBTOTAL (add Line 23 and Line 24).....

6590.30

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

2917.00

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

3673.30

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 10

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A. Diana Brauer

Mailing Address

3938 Catalina Bay Ct

City

Missouri City

State

TX

Zip Code

77459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2,700.00

Date of Receipt

07 / 19 / 2016

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Aaron Marshall

Mailing Address

621 Alameda Dr

City

Cortez

State

CO

Zip Code

81321

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Air Products

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

07 / 19 / 2016

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

4500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **6** OF **10**

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Bammell for Wyoming**

Full Name (Last, First, Middle Initial)

A. **Craig Capron**

Mailing Address

**2059 W 4J**

City

**Gillette**

State

**WY**

Zip Code

**82718**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

Date of Receipt

**07 / 14 / 2016**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. **James Marshall**

Mailing Address

**3938 Cottina Bay Ct**

City

**Missouri City**

State

**TX**

Zip Code

**77459**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**Outdoor Hardware**

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**200.00**

Date of Receipt

**07 / 17 / 2016**

Amount of Each Receipt this Period

**200.00**

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. **Greg Erickson**

Mailing Address

**P.O. Box 5335**

City

**Etna**

State

**WY**

Zip Code

**83118**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

**Self**

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

**250.00**

Date of Receipt

**07 / 05 / 2016**

Amount of Each Receipt this Period

**250.00**

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

**700.00**

**700.00**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 7 OF 10

FOR LINE NUMBER:  
(check only one)

13a  
13b

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M /

D D /

Y Y Y Y Y

M M /

D D /

Y Y Y Y Y

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional)..... ➤

TOTALS This Period (last page in this line only) ..... ➤

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-1 (FEC Form 3)

## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page 8 of Schedule C

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;">C</div>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;"></div> %
Mailing Address		Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>	
City State Zip Code		Date Due <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>		Location of account: Address: City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div>MM / DD / YYYY</div><div>MM / DD / YYYY</div></div>	
Title			



# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 9 OF 10

FOR LINE NUMBER:  
(check only one)

9  
10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

\_\_\_\_\_

Amount Incurred This Period

\_\_\_\_\_

Payment This Period

\_\_\_\_\_

Outstanding Balance at Close of This Period

\_\_\_\_\_

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

\_\_\_\_\_

Amount Incurred This Period

\_\_\_\_\_

Payment This Period

\_\_\_\_\_

Outstanding Balance at Close of This Period

\_\_\_\_\_

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

\_\_\_\_\_

Amount Incurred This Period

\_\_\_\_\_

Payment This Period

\_\_\_\_\_

Outstanding Balance at Close of This Period

\_\_\_\_\_

1) **SUBTOTALS** This Period This Page (optional) .....

2) **TOTALS** This Period (last page this line number only) .....

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FEC FORM 3Z (File with Form 3)**

**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)				Report Covering Period:		
				From:	To:	
				MM / DD / YYYY	MM / DD / YYYY	
				07 / 01 / 2016	07 / 30 / 2016	
Committee Name <i>Rex F. Rammell for Wyoming</i>				(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees	
				5800.00	\$	
B Column Total Last Page Only.....						
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	\$	200.00	5710.00	\$	\$	\$
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	\$	\$	\$	5710.00	2917.00	\$
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	\$	\$	\$	\$	\$	\$
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	\$	\$	2917.00	580.30	3673.30	\$
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	\$	5710.00	2917.00			
B						

**Office of the Clerk  
U.S. House of Representatives  
Washington, DC 20515-6601**

**Official Business**

RECEIVED

2016 AUG 23 AM 8:20

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

2016 AUG 23 AM 8:20

*Kau*

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input checked="" type="checkbox"/> Received from House Records & Registration Office	Date of Receipt 8/23/16
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER  
(3/2015)



8/23/16  
DATE PREPARED

2016-08-23 09:00:00